

**DECLARATION  
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **TORQUEABLE AND DEFLECTABLE MEDICAL DEVICE SHAFT** the specification of which

(Check One) ☒ is attached hereto OR  
☐ was filed on \_\_\_\_\_ as United States Application Serial No. \_\_\_\_\_ or  
PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if  
applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Roger	MIDDLE Initial	LAST Name Famholtz	
	RESIDENCE & CITIZENSHIP	City Fremont	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	495 Kansas Way	City Fremont	State or Country CA	Zip Code 94538
INVENTOR'S SIGNATURE <u>Roger J. Holtz</u>			DATE <u>5-14-01</u>		

202	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____			DATE _____		

203	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____			DATE _____		

204	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____			DATE _____		

205	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____			DATE _____		

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Roger Farnholtz

Serial No.: 09/863,152

Examiner: S. Dagostino

Filed: May 22, 2001

Group Art Unit: 3743

For: TORQUEABLE AND DEFLECTABLE MEDICAL DEVICE SHAFT

Docket No.: 1001.1690101 (formerly 263/107 01-109)

REVOCATION OF PRIOR POWERS OF ATTORNEY  
AND POWER OF ATTORNEY

Assistant Commissioner for Patents  
Washington, D.C. 20231

<p><b>CERTIFICATE UNDER 37 C.F.R. 1.8:</b> I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231, on this <u>31<sup>st</sup></u> day of <u>April</u>, 2003.</p> <p>By <u>David M. Crompton</u> David M. Crompton</p>
--

Dear Sir:

SciMed Life Systems, Inc., the owner of the entire right, title and interest in and to the above-identified patent/application, hereby revokes all previous powers of attorney and appoints the following attorneys and/or agents to prosecute the above-identified patent or application, including all continuations and divisionals thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith: David M. Crompton, Reg. No. 36,772; Glenn M. Seager, Reg. No. 36,926; Brian N. Tufte, Reg. No. 38,638; J. Scot Wickhem, Reg. No. 41,376; John Shudy, Jr., Reg. No. 31,214; Brian C. Whipps, Reg. No. 43,261; Mark R. Schroeder, Reg. No. 53,566; James G. Rodgers, Reg. No. 48,306; Michael J. McGrath, Reg. No. 48,402; Kevin C. Harrison, Reg. No. 46,759; Luke Dohmen, Reg. No. 36,783; Peter J. Gafner, Reg. No. 36,517; Albert K. Kau, Reg. No. 40,672; Todd P. Messal, Reg. No. 42,883; Steven A.

McAuley, Reg. No. 46,084; James R. Chiapetta, Reg. No. 39,634; Robert M. Rauker, Reg. No. 40,782; Scott T. Bluni, Reg. No. 40,916; Kurt W. Lockwood, Reg. No. 40,704; and William J. Shaw, Reg. No. 43,111.

Pursuant to 37 C.F.R. §3.73(b), SciMed Life Systems, Inc., a corporation, certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of an assignment, recorded on May 22, 2001, at Reel 011839, Frame 0103.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee by virtue of the attached Limited Authorization to Act on Behalf of Assignee Regarding Certain Patent Matters.

Address all telephone calls to David M. Crompton at telephone number (612) 677-9050.

Address all correspondence to David M. Crompton, CROMPTON, SEAGER & TUFTE, LLC, 1221 Nicollet Avenue, Suite 800, Minneapolis, MN 55403-2420.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issued thereon.

Respectfully submitted,

SCIMED LIFE SYSTEMS, INC.

Date: 3/26/03

By: Steven L. McAuley  
Title: Patent Counsel

\*\*\*\*\*